

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

OCT 13 2015

General Complaint

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS

BY  
DEPUTY

Tara Udayasiri Thomas

Case Number : 1:15CV0389

List the full name of each plaintiff in this action.

VS.

Allstate

List the full name of each defendant in this action.  
Do not use "et al".

Attach additional pages if necessary.

I. ATTEMPT TO SECURE COUNSEL:

Please answer the following concerning your attempt to secure counsel.

A. In the preparation of this suit, I have attempted to secure the aid of an attorney as follows: (circle one)

1. Employ Counsel
2. Court - Appointed Counsel
3. Lawyer Referral Service of the State Bar of Texas,  
P. O. Box 12487, Austin, Texas 78711.

B. List the name(s) and address(es) of the attorney(s):

none as of yet / to date

C. Results of the conference with counsel:

haven't had one as of yet

II. List previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action or any other incidents? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. If your answer to "A" is "yes", describe the lawsuit in the space below. If there is more than one lawsuit, attach a separate piece of paper describing each.

1. Approximate file date of lawsuit: \_\_\_\_\_

2. Parties to previous lawsuit(s):

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

Attach a separate piece of paper for additional plaintiffs or defendants.

3. Identify the court the lawsuit was filed. If federal, name the district. If state, name the county.

4. Docket number in other court. \_\_\_\_\_

5. Name of judge to whom the case was assigned.

6. Disposition: Was the case dismissed, appealed or still pending?

7. Approximate date of disposition. \_\_\_\_\_

III. Parties to this suit:

A. List the full name and address of each plaintiff:

Pla #1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pla #2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List the full name of each defendant, their official position, place of employment and full mailing address.

Dft #1: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dft #2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dft #3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a separate sheet for additional parties.

IV: Statement of Claim:

State as briefly as possible the fact of your case. Describe how each defendant is involved. Include the names of other persons involved with dates and places. Do not give any legal arguments or cite cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need, attaching additional pages if necessary.

I had an accident had the  
basic full coverage insurance  
and I haven't got paid for  
my medical expenses - as of yet  
Please Help Me.

I Sheriff department have  
have had my phones - blocked as  
well as Jefferson County Sprint Teams...

- V. Relief: State Briefly exactly what you want the court to do for you. Make no legal arguments and do not cite cases or statutes. Attach additional pages if necessary.

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Signed this 13<sup>th</sup> day of Oct, 20 15.  
(Month) (Year)

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I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on: Oct 13<sup>th</sup> 2015  
Date



Signature of each plaintiff